

## PLACE OF DEATH

Oregon State Board of Health

BUREAU OF VITAL STATISTICS

County

Township

or

Village

City

## STANDARD CERTIFICATE OF DEATH

Registered No.

3044

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
Write the word

DATE OF DEATH

DATE OF BIRTH

AGE

If less than  
1 hr  
1 day  
1 mo  
1 yr

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER  
(State or country)

PARENTS

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER  
(State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

(Duration) yrs mo da

Contributory  
(Secondary)

(Duration) yrs mo da

(Signed) M. D.

(Address)

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL or UNLAWFUL, or HOMICIDE.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At age of death yrs mo da Int'l yrs mo da

When was last examined

Date of death

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDETERMINED

DATE ISSUED

Dec. 3 1914

STATE OF OREGON, COUNTY OF MULTNOMAH)SS  
 I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT  
 IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN  
 VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REG